



APPLICATION FOR AGENT'S PERMIT

State Form 39286 (R4 / 9-99)

Approved by State Board of Accounts 1988

INDIANA COMMISSION ON PROPRIETARY EDUCATION

NOTE: This form must be completed for each new agent representing an institution. If all of the information which is required on this form is not provided, the form will be returned to the institution.

OFFICE USE ONLY	
Fee paid \$	Check receipt number
Card number	
Approval date: From To	

1. Name and location of institution(s) to be represented on permit:			
2. Name of applicant			
Address (number and street)			
City	State	ZIP code	Telephone number
3. Have you ever been employed as an agent for any public or private institution? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) If you answered yes, please list all former institutions. State period of time employed with each institution listed.			
4. Have you ever been denied a license to represent an institution in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) If you answered yes, state reason(s):			
5. REFERENCES: LIST THREE CHARACTER REFERENCES NOT RELATED TO YOU. (Include their names, addresses and telephone numbers)			
6. Birthdate Birthplace U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of naturalization			
7. Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) If you answered yes, give details in full:			
8. Have you ever been convicted of a crime involving moral turpitude? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) If you answered yes, give details in full:			
AFFIDAVIT			
I hereby swear or affirm that the above statements are true.			
Signature of applicant			
STATE OF _____ } COUNTY OF _____ } SS:			
Subscribed and sworn to before me this _____ day of _____, _____.			
Signature of Notary		Printed name of Notary	
My Commission expires:		County of residence:	